

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567,121

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3		1			
4		1			
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49					
50					
TOTAL IND.	2	↓	↓	↓	↓
TOTAL DEP.	2	←	←	←	←
TOTAL CLAIMS	4	QR	QR	QR	QR

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS		QR	QR	QR	QR